* E * E * E * E * E

MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 MEDICAL EXAMINER'S CERTIFICATE OF DEATH 2 USUAL RESIDENCE (Where deceased lived, if institution; Residence before admission) PLACE OF DEATH g. COUNTY o. STATE b. COUNTY MARYLAND b. CITY OR TOWN (If outside corporate limits. c. LENGTH OF STAY IN 16 c. CITY OR JOWN (If ourside corporate limits, write RURAL and give nearest town) pup write RURAL and give nearest town) LIFE GRANTSUILLE MD d. NAME OF HOSPITAL OR INSTITUTION ((If/not in hospital, give street address) d. STREET ADDRESS IS RESIDENCE haurs YES NO NO 3. NAME OF Middle 4 DATE Month Doy Year DECEASED OF DEATH 12ABE+4 1++, ugER (Type or print) IF UNDER 1 YEAR AGE (In years IF UNDER 24 HRS 5. SEX 6. COLOR OR RACE 7 MARRIED NEVER MARRIED DATE OF BIRTH birthdoy) Manths DIVORCED WIDOWED hours 10b. KIND OF BUSINESS OR 12. CITIZEN OF WHAT 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) AUD 13. FATHER NAME = pup IS. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT (Yes, no. or unknown) I(If yes give war or dates of service) remayal, 1B. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: ORONARY G e, writing the ward farwarded ta the Ch crematian, 0 LERIOSCIENSIS Conditions, if ony, which gove rise to immediate couse (o), DUE TO stoting the underlying couse burial, 19. WAS AUTOPS'
PERFORMED? PART II, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) mellitus AMETES YES NO I 20b, DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port I or Port II of item 18.) 20o. EXTERNAL CAUSE WAS agent, priar PRIMARY Or CONTRIBUTING EXAMINER: CAUSE OF DEATH. (City ar town) (County) (Store) 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, 20c. TIME OF INJURY Month, Doy, Year factory, street, office bldg., etc.) Not While its designated 21. I certify that I took charge of the remains described above, held an Autopsy Inspection X Inquiry [X]. ond in my apinian death resulted fram: Undetermined manner Natural causes Accident / Suicide . Hamicide the funeral director. CHIEF MEDICAL EXAMINER **ACTUAL** 22. DATE SIGNED ASSISTANT MEDICAL EXAMINER SIGNATURE TO DEPUTY DEPUTY MEDICAL EXAMINER Health ar JAMES 777-0 Address (Street, city, town, ar county) NAME (Type) 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (State) BURIAL, CREMATION, 0 PANTSUILLE, COAKRE RANTSUILLE 2So. REC'D BY REGISTRAR VR A15ME (5 DATE

. 42 /2

MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 MEDICAL EXAMINER'S CERTIFICATE OF FOR STATE HEALTH DEPT. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution; Residence before admission) o. COUNTY o. STATE b. COUNTY 9 PM3. Page death. ARRE MARYLAND b. CITY OR TOWN (If outside corporate limits, C LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) and write RURAL and give nearest town) after d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS e. IS RESIDENCE ON A FARM? farm haurs Give Pages NO X YES NAME OF Middle 72 Lost 4. DATE Month Doy Year DECEASED 196 within (Type or print) DEATH SEX IF UNDER 1 YEAR IF UNDER 24 HRS 7. MARRIED DATE OF BIRTH AGE (In years lost birthdoy) Doys Hours WIDOWED 100 USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (Stole or foreign country) 12. CITIZEN OF WHAT during most of working life, even if retired) COUNTRY? MEYERSOALE 14. MOTHER'S MAIDEN NAME 9 In any bages d "pending" in pencil i Chief Medical Examiner 13. FATHER'S NAME certificate shauld be executed within and WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. INFORMANT permit. (Yes, no, or unknown) (If yes give wor or dotes of service remayal. TTINGER. 18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c),) INTERVAL BETWEEN burial-transit ONSET AND DEATH PART 1. DEATH WAS CAUSED BY Acute Cardiac Failure (pulmonary edema, P Hours IMMEDIATE CAUSE (o) writing the ward matian, Pulmonary congestion, Hydrothorax) DUE TO Conditions, if ony, which gove Congenital Heart Disease (Coarction of rise to immediate couse (o), DUF TO stoting the underlying couse Aorta, Patent Foramen Ovale) О fost. burial. nsed PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(6) 19. WAS AUTOPS PERFORMED? please execute the certificate. YES T NO agent, priar ta pe 4 shauld be 20o. EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port | or Port || of item 18.) 3 shauld PRIMARY Or CONTRIBUTING AL EXAMINER: CAUSE OF DEATH 20c. TIME OF INJURY Month, Doy, Yeor 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form. (City or town) (County) (Stote) Hour o,m. may be retained for your FUNERAL DIRECTOR: Page Not While foctory, street, office bldg., etc.) of work designated 21. I certify that I taak charge of the remains described above, held an Autopsy Inspection 7 Inquiry . and in my opinion the funeral director. death tesulted from: Natural couses T. Accident 7 Suicide Homicide Undetermined manner be retained CHIEF MEDICAL EXAMINER ACTUAL 22. DATE SIGNED ASSISTANT MEDICAL EXAMINER SIGNATURE O DEPUTY DEPUTY MEDICAL EXAMINER X February 6. 1967 EXAMINER'S Health EASTER Address (Street, city, town, or county Dakland, Maryland 23c. NAME OF CEMETERY OR CREMATORS BURIAL CREMATION 23b. DATE THEREOF 23d. LOCATION (City or Town) (County) (Stote) 0 REMOVAL (Specify) ST. JOHNS HCCIDENT, GARRETT DURIAL 24 FUNERAL DIRECTOR 256. REGISTRAR'S SIGNATURE VR A15ME (5) Muarley RANTSVILLE M DDATE 6M 1/66

1 5 a

The second secon

The Property of the Parket of

THE RESIDENCE OF THE PARTY OF T

1 , , , ,

DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W, PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH funeral should. 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if Institution, Residence before admission) a. COUNTY .. STATE Maryland b. COUNTY Garrett Garrett 축구· MARYLAND by the b. CITY OR TOWN (if outside corporate limits, c. CITY OR TOWN (If outside corporete limits, write RURAL and give nasrest town) c. LENGTH OF STAY IN 16 24 write RURAL and give naarast town Vindex Windex Uno executed within Pellij d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street/eddress) d. STREET ADDRESS IS RESIDENCE ON A FARM? Wast Vindex mast Vindex papers. n 72 hot YES NOcompletely 3. NAME OF First Middla Last 4. DATE Month Day Yaur DECEASED (Typa or print) Albert Lambertus DEATH February 1967 Brav within carbon 6. COLOR OR RACE 7. MARRIED THEYER MARRIED B. DATE OF BIRTH AGE (In years | IF UNDER TYEAR | **IF UNDER 24 HRS.** and birthday) Months Male White Sept.17,1917 event WIDOWED DIVORCED [certificate altending physician.
altending physician.
tas been signed by the attending physician
burial-transit permit. Then please remove 10a. USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR INDUSTRY | 11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT COUNTRY? dona during most of working life, evan if retired) Coal Mines carrett co. . Md . U.S.A. 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Tichinel Lucretia 15. WAS DECEASED EVER IN U.S. ARMED FORCES? | 16. SOCIAL SECURITY NO. | 17 INFORMANT requires that the Address (Yes, no, or unkown) | (Ifyas giva wer or dates of service) Mrs. Nellie Bray, Vindex. Md. 18. CAUSE OF DEATH | Inter only one cause per line for (a), (b), end (c). INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO Conditions, if any, which gava rise to immadiata causa DUF TO (a), stating the undarlying has hospital or a certificate ha cause last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(8) 1 19. WAS AUTOPSY CERTIFICATION S 5 PERFORMED? NO IT prior 20a. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED. (Entar nature of injury in Part I or Part II of item 18.) Po. OR CONTRIBUTING CAUSE OF DEATH MEDICAL 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED I 20e, PLACE OF INJURY (Home, farm, 20f. (City or town) (Steta) factory_streat, office bldg., atc.) Hour a.m Not Whila o, at work at work DIRECTOR: 21. I certify that (I) (this hospital) attended the deceased from ... saw the deceased alive on...... 22a. SIGNATURE DATE SIGNED MED. STAFF death. Page 4 PHYS. - DIRECTOR PHYS. M.D. HOSPITAL with th 22c. PHYSICIAN'S 22d. ADDRESS NAME (Type) Kitzmiller, director, i 23c. NAME OF CEMETERY OR CREMATORY 23a. BURIAL, CREMATION, | 23b. DATE THEREOF 23d. LOCATION (City, town or county) REMOVAL (Spacify) Mt. Zion Cemetery near Swanton, Garrett Feb. /6 Co. Ma .Va ADDRESSine W 25a. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATUR 24-FUNERAL DIRECTOR'S SIGNATURE P. O. Kitzmiller, Mdoate

MARYLAND STATE DEPARTMENT OF HEALTH

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician. or and completely filled in by the far remove carbon papers. Pages 1 in any event, within 72 hours after TO FUNERAL DIRECTOR. After this certificate has been signed by the attending physician director, page 3 should be detached for use as the burial-transit permit. Then please should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in

23a.

Dr.

23b.

DATE THEREOF

	02229	N OF STATISTIC	MARY CAL RESEA	LAND STATE DI ARCH AND RECORD CERTIFICA	EPARTMENT ODS, 301 W. PREST	ON STREE	H T, BALTIMOI	RE 1, MAR 022	YLAND	
1.	a. COUNTY Garre		te limits.	MARYLAND		ryland	b. coun	γ Garre	tt	
_	Oaklar	nd		13 Days	Deer Pa	rk		11-	e. IS RES	
	arrett (County Mem	orial H	1 7 8		Box 6			ON A I	FARM?
3.	(Type or print)	Co	rwin	Middle Burns	De Berry	4. DATE OF DEATH	Month Februar		ay Yea	67_
	sex Male	6. COLOR OR RACE	WIDOWED	NEVER MARRIED DIVORCED	8. DATE OF BIRTH	0 9.	AGE (In years last birthday)	IFHINDER 1 YE	AR IF UNDER	Min.
ıııı	Ing most of work		d) IN	ND OF BUSINESS OR DUSTRY arming	Deer Par	rk, Md.	, or foreign country)	12. CITIZE COUNT USA	N OF WHAT RY?	
	FATHER'S NAM	James Al:				a Elle				
Yı	no, or unkewn)	(If yes give war or dates o	f service)	Mir	s. Mary DeB	erry	Deer Pa		•	
		DEATH [Enter only on EATH WAS CAUSED BY IMMEDIATE CAUSE DUE	(a) ARC	CHOND OF L	-1VER)-101	nt ME	TASTASES	IN O	TERVAL BET SET AND L LUDUD	PATH
	Conditions, if gave rise to cause (a), si underlying caus	any, which Immediate tating the DUE	(9)							
CHILD	PART II. OTHER S	SEGNIFICANT CONDITION		TING TO DEATH BUT NOT RE	LATED TO THE TERMINAL	DISEASECON	DITION GIVEN IN F		PERFOR	
VERTIE	20a. ACCIDENT OR CONTRIBUTI (IF EITHER, NO	WAS UNDERLYING DING CAUSE OF DEATHER MEDICAL EXAMIT	TH VER)	ESCRIBE HOW INJURY OCC	CURRED. (Enter nature	of Injury In Pa	ort I or Part II of	Item 18.)		
MEDICAL	20c. TIME OF Hour a.n		Year 20d. IN While at work	JURY OCCURRED 20e. Pt Not While fac at work	ACE OF INJURY (Home, tory, street, office bldg.,	farm, 20f. (etc.)	(City or town)	(County)	(S	itate)
		ceased alive on		d the deceased from 2-819 67, and th		19 <u>66</u> , to 3:05M, #M				
	22c. PHYSICIA NAME (T)		T Ban		.D. ATTENDING PHYS. 22d. ADDRESS	MED. DIRECTOR	STAFF PHYS.	2/9/	57	

BURIAL, CREMATION, REMOVAL (Specify)
Burial
FUNERAL DIRECTOR Park Md. Deer Park Cemetery
ADDRESS
Oakland, Maryland Deer Park 25a. REC'D BY REGISTRAR VR AI5 20M I 5 (4) 1/65 DATE

Baumgartner

NAME OF CEMETERY OR CREMATORY

Dakland,

Maryland

LOCATION (City, town or county)

(State)



Old Deer Park Rd. Old Deer Park Rd. State		DIVISION OF STATISTICAL R			ET, BALTIMORE	, MARY	LAND
a. STATE MATYLAND b. CITY OR TOWN; (if cuts/de corporate limits, with RURAL and give accerted from) Carlot of the control of t		02230	CERTIFICA	TE OF DEATH		UZZZ	6
CALIDATION CANAGE OF HOSPITAL OR INSTITUTION (if not in hospitel, give street eddress) Old Deer Park Rd. Is Dear Rd. Old Dear Dear Rd. Ol	t.	a, COUNTY	Maryland	a. STATE	b. COUNTY		
d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) Old Deer Park Rd. Old Old Park Rd. Old Old Park Rd. Old Old Park		write_RURAL_and give nearest town)	2.5		porala limits, write RURAL	end giva nee	rest lown)
S. MANIE OF DECEASED First Models Lest DECEASED Type or price DECEASED Type DECEASED Type		d. NAME OF HOSPITAL OR INSTITUTION (if not in	n hospitel, give street eddress)	d. STREET ADDRESS	D- 1- D2		a. IS RESIDEN
5. SEX 6. COLOR OR RACE TO MIDOWED 100. USUAL OCCUPATION (Give kind of work wind of work of work) 100. USUAL OCCUPATION (Give kind of work of work of work) 100. USUAL OCCUPATION (Give kind of work of work of work) 100. USUAL OCCUPATION (Give kind of work of work of work) 100. USUAL OCCUPATION (Give kind of work of work of work) 101. WIST (County & Siele, or toreign country) 102. USUAL OCCUPATION (Give kind of work of work of work) 103. WAS DECEASED EVER IN U.S. ARRED FORCES? 104. MOTHER'S MADIEN NAME JONAS DECEASED EVER IN U.S. ARRED FORCES? 105. WAS DECEASED EVER IN U.S. ARRED FORCES? 106. CRUBER OF DEATH (Enter only one cause per long for (e., (b), end (c).) 107. THYORMANT (Mother's MADIEN NAME Mary Knauer 108. CRUBER OF DEATH (Enter only one cause per long for (e., (b), end (c).) 109. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TEXANIAN AND AND AND AND AND AND AND AND AND A	3.	NAME OF First DECEASED		Lest 4 DATE OF	Month	Day	Yner
TOB. USUAL OCCUPATION (Give kind of work down and one of the property of the p	5.	Dai gai a		GIOGICIO)	9. AGE (In years IF UNC	ER 1 YEAR	1967 UNDER 24 HI
HOUSE WITE OWN HOME Red HOUSE, Maryland USA 13. FATHER'S NAME JOAN HOME HOUSE, Maryland USA 14. MOTHER'S MAIDEN NAME JOAN BY WITE JAME JOAN HOME HOUSE, MARYLAND JAME JAME JAME JAME JAME JAME JAME JAME	104	Female White woo	OWED DIVORCED A		75 yrs.		
S. WAS DECEASED EVER IN U.S. ARMED FORCES? 16 SOCIAL SECURITY NO. 17. INFORMANT Address Mr. J. W. Glotfelty Bee # 2 above Mr. J. W. J. W. Glotfelty Bee # 2 above Mr. J. W. J. W. Glotfelty Bee # 2 above Mr. J. W. J. W	de	Housewife		Red House, Man			
No. of unknown (If yee give war or defest of service) No. of the lity Bee # 2 above	15						
PART I. DEATH WAS CAUSED BY, IMMEDIATE CAUSE (e) DUE TO Conditions, if any, which gave rise to immediate cause 10), stating the underlying cause last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(e) 1/9. WAS ALL PERFORMANCE TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(e) 1/9. WAS ALL PERFORMANCE TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(e) 1/9. WAS ALL PERFORMANCE TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(e) 1/9. WAS ALL PERFORMANCE TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(e) 1/9. WAS ALL PERFORMANCE TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(e) 1/9. WAS ALL PERFORMANCE TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(e) 1/9. WAS ALL PERFORMANCE TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(e) 1/9. WAS ALL PERFORMANCE TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(e) 1/9. WAS ALL PERFORMANCE TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(e) 1/9. WAS ALL PERFORMANCE TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(e) 1/9. WAS ALL PERFORMANCE TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(e) 1/9. WAS ALL PERFORMANCE TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(e) 1/9. WAS ALL PERFORMANCE TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(e) 1/9. WAS ALL PERFORMANCE TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(e) 1/9. WAS ALL PERFORMANCE TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(e) 1/9. WAS ALL PERFORMANCE TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(e) 1/9. WAS ALL PERFORMANCE TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(e) 1/9. WAS ALL PERFORMANCE TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(e) 1/9. WAS ALL PERFORMANCE TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(e) 1/9. WAS ALL PERFORMANCE TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(e) 1/9. WAS ALL PERFORMANCE TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(e) 1/9. WAS ALL PERFORMANCE TO THE TERMINAL DISEASE CONDITION GIVEN TO THE TERMINAL DISEASE CONDITION GIVEN TO THE TERMINAL DISE	(Y4	s, no, or unkown) { fyesgive war ordetes of service}	1		21	2 abo	ve
Conditions, if any, which gave rise to immediate cause le), stating the underlying cause last. DUE TO CLUB CLUB CLUB CLUB CLUB CLUB CLUB CLUB		PART I. DEATH WAS CAUSED BY.	per line for (e,, (b), and (c).]	kun melioge			
County C		Conditions, if any, which \ (b)	Externa desot	c C-V, de	elare	y	ay
206. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURED. (Enter reture of injury in Pert I or Pert II of item 18.) 206. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURED. (Enter reture of injury in Pert I or Pert II of item 18.) 206. TIME OF INJURY Month, Dey, Year 20d. INJURY OCCURED 20e. PLACE OF INJURY (Home, farm. fectory, street, office bldg, etc.) 20f. (City or town) (County)		(e), stating the underlying DUE TO	2 kein des	nes Suero	l	1	ear
206. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURED. (Enter neture of injury in Pert I or Pert II of item 18.) OR CONTRIBUTING CAUSE OF DEATH 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURED 20e. PLACE OF INJURY (Home, farm. 20f. City or town) (County) (County) 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURED 20e. PLACE OF INJURY (Home, farm. 20f. City or town) (County) (County) 21. Certify that (I) (this hospital) altended the deceased from	ATIOIII	PART II. OTHER SIGNIFICANT CONDITIONS	CONTRIBUTING TO DEATH BUT NO	OT RELATED TO THE TERMINAL DISEASE	CONDITION GIVEN IN P		PERFORME
21. I certify that (I) (this hospital) attended the deceased from	CERTIFIC	OR CONTRIBUTING [] CAUSE OF DEATH	DESCRIBE HOW INJURY OCCURED	. (Enter neture of injury in Perf I or Perf	() of item 18.)		
21. I certify that (I) (this hospital) attended the deceased from	MEDICAL	Hour a.m.	WhileNot While fec		ly or town) (County)	{Stele
22c. PHYSICIAN'S NAME (Type) 23c. BURIAL CREMATION, 23b. DATE THEREOF REMOVAL (Specify) 23c. NAME OF CEMETERY OR CREMATORY REMOVAL (Specify) 24 FUNERAL DIRECTOR'S SIGNATURE 22c. NAME OF CEMETERY OR CREMATORY REMOVAL (Specify) 23d. LOCATION (City, fown or county) (Signature) 24 FUNERAL DIRECTOR'S SIGNATURE 22c. PHYSICIAN'S DIRECTOR PHYS. 2/4 23d. LOCATION (City, fown or county) (Signature) 23d. LOCATION (City, fown or county)			<i>f</i>	1 (1)	, ,		
22c. PHYSICIAN'S NAME (Type) 23c. BURIAL CREMATION, 23b. DATE THEREOF PHYS. 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county) (Site REMOVAL (Spacify) 2/23/67 Red House Cemetery Carrett Co. Marylan 24 FUNERAL DIRECTOR'S SIGNATURE ADDRESS 25c. REC'D BY REGISTRAR 23b. REGISTRAR'S SIGNATURE			19, and that	1-	n the causes and or	the date	stated abo
NAME (Type) 230. BURIAL, CREMATION, 23b. DATE THEREOF REMOVAL (Specify) BURIAL (Specify) 2/23/67 Red House Cemetery Carrett Co. Marylan 24, FUNERAL DIRECTOR'S SIGNATURE ADDRESS 250. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE		Q 2 - 11	rance "	D. PHYS. DIRECTOR			2/4.6
REMOVAL (Specify) 2/23/67 Red House Cemetery Carrett Co. Marylan 24, Funeral Director's Signature Address 250. REC'D By REGISTRAR 25b. REGISTRAR'S SIGNATURE			. <u>(i ')</u>	3 1 1/1/2 3	1.1.	u A	Ald.
24 FUNERAL DIRECTOR'S SIGNATURE ADDRESS 250. REC'D BY REGISTRAR 236. REGISTRAR'S SIGNATURE	23	REMOVAL (Specify)				2.0	(State)
	24			250. REC'D BY REGI	STRAR 256. REGISTRA		



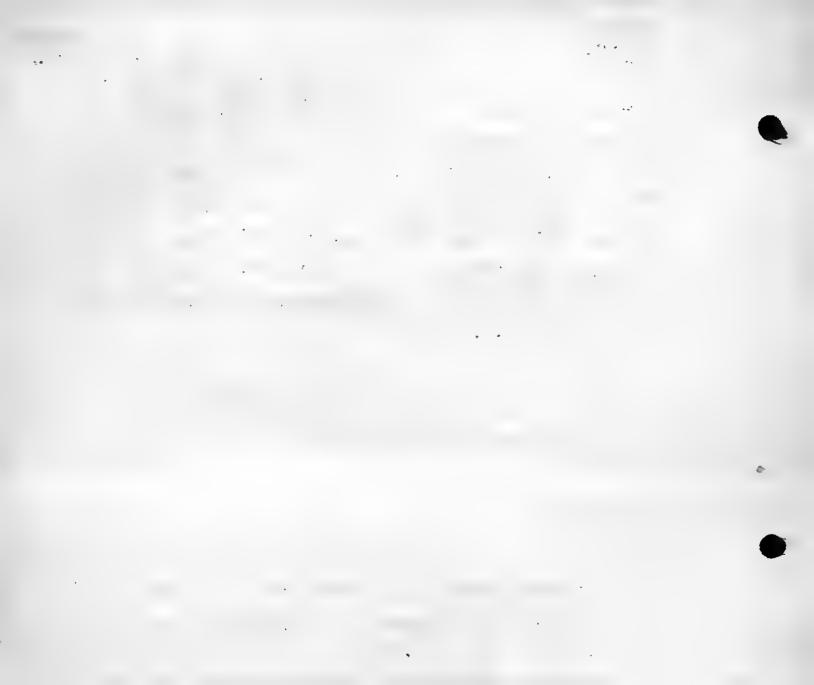
MARYLAND STATE DEPARTMENT OF HEALTH MEDICAL EXAMINER'S CERTIFICATE OF DEATH 02231 FOR STATE HEALTH DEPT PLACE OF DEATH USUAL RESIDENCE (Where deceased lived if institution Residence before admission) o. COUNTY o. STATE Maryland b. COUNTY Garrett Garrett MARYLAND b. CITY OR TOWN (If outside corporate limits, write RURAL and away necessary town) c. LENGTH OF STAY IN 16 c CITY OR TOWN (If outside corporate limits, write RURA, and give nearest town) 2 wks. Oakland Residence Co d NAME OF HOSP TAL OR INSTITUTION (If not in hosp to 19 ve tiget address) e IS RESIDENCE ON A FARM? 810 Chestnut St. 203 S. 7th St. YES NO DO ward "pending" in pencil in Item 18. Give Pages the Chief Medical Examiner's Office along with far 3 NAME OF 4 DATE OF DEATH February DECEASED (Type or print) Anna Grace Gross 18th. 9 AGE (In years ost birthdoy) 6 COLOR OR RACE 7 MARRIED K 5 SEX B. DATE OF BIRTH NEVER MARRIED Doys Hours Female White Feb. 5, 1905 WIDOWED DIVORCED file pages land2 and in any event within 72 haurs after deap 11 BIRTHP, ACE (State or foreign country) 100 USUAL OCCUPATION (Give kind of work done 106 KIND OF BUSINESS OR 12 C TIZEN OF WHAT during most of working life, even if retired)

Housewife COUNTRY? INDUSTRY Deer Park, Md. USA Own Home 13. FATHER'S NAME This certificate should be executed within James Uphole Sadie Uphole 15 WAS DECEASED EVER NUS ARMED FORCES?
(Yes, no, or unknown) ((If yes give wor or dotes of service 16 SOCIAL SECURITY NO 17 INFORMANT Mrs. Lottie Brenneman Bittinger. no 1B CAUSE OF DEATH (Enter only one cause per line for (o), (b) and (c) PART 1 DEATH WAS CAUSED BY-INTERVAL BETWEEN ONSET AND DEATH IMMEDIATE CAUSE (a) Coronary thrombosis Minutes writing the ward Conditions, if any, which gove (b) rise to immediate couse (a), DUE TO stoting the underlying couse 3 should be used 19 WAS AUTOPS) PERFORMED? crematian, ar remaval, PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDIT ON GIVEN N PART 1(0) NO 🛨 200 EXTERNAL CAUSE WAS 20b DESCRIBE HOW INJURY OCCURRED (Enter noture of many in Port I or Port II of tem 18) PRIMARY I or CONTRIBUTING I CAUSE OF DEATH MEDICAL 20e PLACE OF INJURY (Mome form 20f (City or town) (County) (Stote) 20c TIME OF NouRY Month, Doy, Year Hour o.m. 20d INJURY OCCURRED foctory, street, office bldg , etc.) FUNERAL DIRECTOR: Page of work at work 21 1/certify that I taok charge of the remains described ghave, held an Autopsy , Inspection 🔀 Inquiry 😿, and in my opinion deoth resulted from Notural couses Accident . Suicide . Homic de . Undetermined monner the funeral d rectar. may be retained CHIEF MEDICAL EXAMINER Health prior ta 22. DATE SIGNED ASSISTANT MEDICAL EXAMINER DEPUTY MEDICAL EXAMINER NAME (Type) James H. Feaster, Jr., M. D. Oakland, Md. Address (Street, city, town, or county) 23b DATE THEREOF 23c NAME OF CEMETERY OR CREMATORY 23d LOCATION (City or Town) BURIAL CREMATION. 0 Moon Cemetery

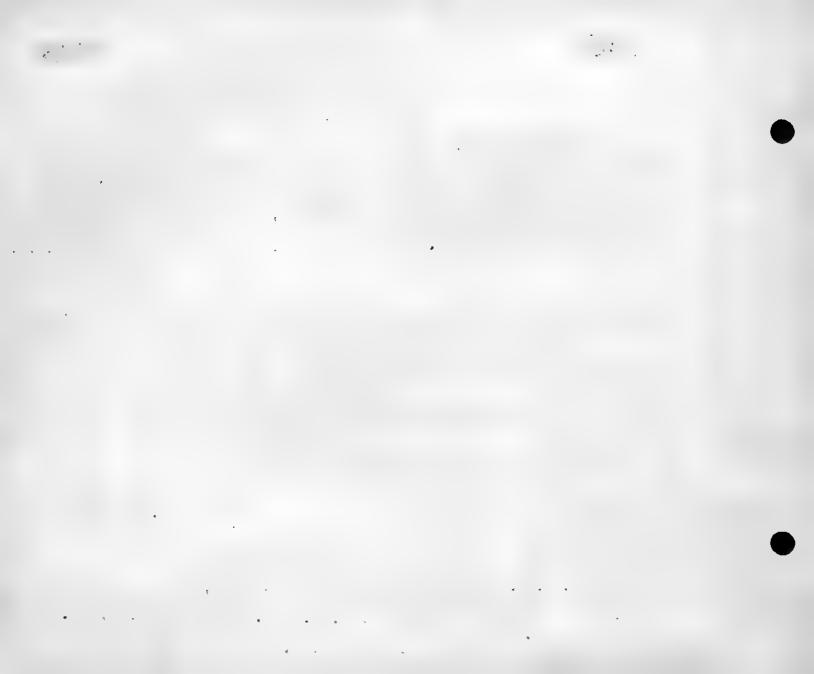
ADDRESS Garrett Co. Co. Maryland
25b REGISTRAR'S SIGNATURE 250 REC'D BY REGISTRAR 24) FUNERAL DIRECTOR VR A 15ME (5) Oakland. Maryland DATE FEB 28



1			MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18
4 50			02232 CERTIFICATE OF DEATH Reg. Dist. No. 02228
Page 4 director, filed with		1.	PLACE OF DEATH O. COUNTY O. STATE MARYLAND 2. USUAL RESIDENCE (Where deceased lived. If institution Residence before admission) O. STATE MARYLAND D. COUNTY O. ARRETT
r death	M)		c. CITY OR TOWN (If autside corporate limits, write RURAL and give nearest town) ORANTS VILLE MB 3 WKS C. LENGTH OF STAY IN 1b C. CITY OR TOWN (If autside corporate limits, write RURAL and give nearest town) ORANTS VILLE MB 3 WKS
d 2 sno	1	1/	d. NAME OF HOSPITAL (IF not in hospital, give street address) OR INSTITUTION OF I
illed in these I and			NAME OF DECEASED NARY ATHERINE HACHMAN AND DOY YEAR OF DEATH FIRST Month Day Year ATHERINE HACHMAN DEATH FIRST 23 1967
d within oletely f rs. Pag		5.	6. COLOR OR RAGE 7. MARRIED 1 8 DATE OF BIRTH 9. AGE (In years light bighthday) WIDOWED DIVORCED 0 CT. 3 1900 Manths Doys Hours Min
and comp bon pape er leath	1	10c	USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (Stote or foreign country) 12. CITIZEN OF WHAT COUNTRY? HOUSEWIFE DWN HEME GARRETT COMD 2. S.A.
cate be sician a ve carbo rrs after			CHARLES MICHAEL BARBARA BROOK
h certifi ing phy se remar 172 hau			WAS DECEASED EVER IN U. S ARMED FORCES? 16. SOCIAL SECURITY NO INFORMANT Address Address R. D. Md.
ne deat			18 CAUSE OF DEATH [Enter only one cause per line for (o), (b), and (c)] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) Casante Lyouin sym drome
es that the color of the color even			Canditions, if ony, which) (b) Cerculatory disturbance 2 weeks
require an, n signed sit perr			gove rise to immediate cause (o), stating the under- lying couse lost. DUE TO (c) Hypertensive vascular discuse 10 years
he law physic; nas bee rial-trar noval, c	2	CERTIFICATION	PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 3(a) 19. WAS AUTOPSY PERFORMED? YES NO X
tending ficate hit the but			20b. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Part 1 or Port II of Item 18)
PHYSIC al ar at this cert r use as		MEDICAL	20c TIME OF INJURY Manth, Doy, Year 20d INJURY OCCURRED Hour o. m. p. m. 19 While Not white ot work 19 to twork 19 to two two two two two two two two two
NDING haspit After i ched fa			21. I certify that I attended the deceased from Dec 29, 1966, ta Feb - 23, 1967 that I last saw the deceased alive on the causes and an the date stated above.
OR ATTE			ACTUAL SIGNATURE G Page Attong M.D. 1678 main St-FROSTADRG Md 4/25/6
DSPITAL O be retoine INEIIAL DIS e 3 shaufd	H H		PHYSICIAN'S A PAICE STRONG 167EMAINST FROSTBURG, MED
표 승물 학		220	BURIAD CREMATION, 22b. DATE THEREOF 22c NAME OF CEMETERY OR CREMATORY ACCIDENT OARRISTTC MB
Q E Q = = = VS A15 (4) 15M 9/58		23.	FUNERAL DIRECTOR'S SIGNATURE ADDRESS 24g. REC'D 8Y REGISTRAR 24b REGISTRAR'S SIGNATURE DATE MAR 1 1967 Policy Judget DATE



MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 02233 CERTIFICATE OF DEATH The law requires that the death certificate be executed within 24 haurs after death and 2 death physician and capipletely tilled in by the funeral en please remove correct papers. Pages I and oval, and in any event, within 72 haurs after death 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceosed lived, if institution Residence before admission) b. COUNTY Garrett o. COUNTY o. STATE Garrett Maryland MARYLAND r LENGTH OF STAY IN 1h c CITY OR TOWN (If outside corporate limits, write RURA, and give nearest town) b. CITY OR TOWN (If outside corporate imits, write RURAL and give pearest town Star Route - Oakland davs-11 hrb. d NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS IS RESIDENCE ON A FARM? certaan papers. ent, within 72 h Garrett County Memorial Hospital YES X NO 3 NAME OF Middle First Lost 4. DATE Doy Year Month DECEASED Walter February 27, Uade Harsh 67 19 DEATH (Type or print) IF UNDER 24 HRS S SEX 6. COLOR OR RACE IF UNDER 1 YEAR X 8 DATE OF BIRTH AGE (in years 7 MARRIED NEVER MARRIED lost birthdoy) WIDOWED DIVORCED March 16. 1899 Male White 100 USLAL OCCUPATION (Give kind of work done 106 KIND OF BUSINESS OR 11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT during most of working life, even if retired) COUNTRY? Farming Eglon, West Virginia 11.5.A. Farmer 14. MOTHER'S MAIDEN NAME 13. FATHER'S NAME the attending phy sit permit. Then Andrew Harsh Daisy Cora Sell WAS DECEASED EVER IN L.S. ARMED FORCES? 16. SOCIAL SECURITY NO 17 INFORMANT Address Star Route (Yes, no at unknown) (If yes give wor or dotes of service) Nellie Mav Harsh (Wife) Dakland, Md. 18 CAUSE OF DEATH (Enter only one couse per line for (a), (b), ond (t).)
PART I. DEATH WAS CAUSED BY INTERVAL BETWEEN burial-transit ONSET AND DEATH anunoma IMMEDIATE CAUSE (6) signed by DUE TO Conditions, if ony, which gove rise to immediate couse (a), DUE TO TO HOSPITAL OR ATTENDING PHYSICIAN: The law re Page 4 may be retained by the hospital ar attending TO FUNERAL DIRECTOR; After this certificate has been stoting the underlying couse as the PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) WAS AUTOPSY PERFORMED? far use YES [NO P 200 ACC DENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Port II of item 18) detached (IF EITHER, NOTIFY MEDICAL EXAMINER) 20d INJURY OCCURRED (City or town) (Stote) 20c. TIME OF INJURY Month, Day, Year 20e. PLACE OF INJURY (Home, form, (County) foctory, street, office bldg .. etc.) Not While ot work ot work 19 00 to Feb. 27, 1967, that (I) (we) lost 21. I certify that (I) (this haspital) attended the deceased fram_ July 19.67, and that death occurred at 1:45MANOm causes and an the date stated above. saw the deceased alive on_ 22o. SIGNATURE 22b. DATE SIGNED ATTENDING directar, page 3 shauld be filed v M.D. DIRECTOR PHYS. 22d, ADDRESS 22c PHYSICIAN'S NAME (YPE) DI. B. L. Grant Oakland, Maryland 230. BURIAL, CREMATION, REMOVAL (Specify) Burial 23d LOCATION (City or Town) 23b. DATE THEREOF 23c NAME OF CEMETERY OR CREMATORY (County) (Stote) Near Eglon, W. Accident, W.Va. Cem. DORESS O. Durot 2So REC'D BY REGISTRAR 24. FUNERAL DIRECTOR ON 11 25b. REGISTRAR'S SIGNATURE Home, Oakland, Md DAIE MAR Leighton-Durst Funeral



MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 02234 MEDICAL EXAMINER'S CERTIFICATE OF DEATH HEALTH DEPT PLACE OF DEATH 2 USUAL RESIDENCE (Where deceased lived if institution Residence o COHNTY **6 COUNTY** 70 death. Maryland Garrett MARYLAND b CTY OR TOWN (If outside corporate imits, write RURAL and give nearest town) C LENGTH OF STAY IN 1b c CITY OR TOWN (If outside carparate limits, write RURA, and give neurest town) and ofter 48 hrs. Oakland Oakland d NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) S RESIDENCE d. STREET ADDRESS hours Rt. Give Pages Garrett County Memorial Hospital YES 🙀 NO 3. NAME OF 4 DATE DECEASED OF DEATH Sugie Elizabeth Matthews (Type or pnnt) within February 10th ₩Iţ S SEX & COLOR OR RACE ETINDER 1 YEAR 7 MARRIED TO B. DATE OF BIRTH AGE (In years NEVER MARRIED last birthdoy) Months Hours Doys White Female WIDOWED DIVORCED July 4, 1894 24 hours event 10g LSUAL OCCUPATION (Give kind of work done 10b KIND OF BUSINESS OR 11 BIRTHPLACE (State or fore-on country) 12 C TIZEN OF WHAT during most of working life, even if retired) Housewife Own Home COUNTRY? VIIO Swallow Falls. USA page 13. FATHER'S NAME 14 MOTHER'S MAIDEN NAMI pencil ⊑ Aaron Sines Carrie Harden ond 1S WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or JEKNOWN) [(If yes give wor or dates of service)] 16. SOCIAL SECTIFITY NO 17 INFORMANT Address be executed or removal. John Matthews #2 above no none see IB CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).) INTERVAL BETWEEN burral-transit PART I DEATH WAS CAUSED BY: Coronary occlusion, left IMMEDIATE CAUSE (0) should word cremotion, Coronary thrombosis, left Minutes Conditions, flony, which gove nse to immediate couse (a). DUE TO storing the underlying cause 0 Coronary sclerosis, marked Years 50 used os burial, 9 WAS AUTOPSY PERFORMED? YES NO PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) Diabetic. Expired at close of surgery for acute cholecystitis please execute the certificate, 20o EXTERNAL CAUSE WAS 20b DESCRIBE HOW INJURY OCCURRED (Enter noture of injury in Port I or Part II of Item 1B.) PRIMARY OF CONTRIBUTING CAUSE OF DEATH 20e PLACE OF INJURY (Home, form, 20c. TIME OF INJURY Month, Day, Yeor 20d INJURY OCCURRED (City ar town) (County) (Stote) Hour o.m. foctory, street, office bldg., etc) Not While FUNERAL DIRECTOR: Poge nt work 2) Learlify that I tack charge of the remains described above, held an Autopsy [X], Inspection [X], Inquiry x and in my apinion Natural causes 🔀 death respited from: Accident ! Suicide . Hamicide Undetermined manner CHIEF MEDICAL EXAMINER ACTUAL 22. DATE SIGNED ASSISTANT MEDICAL EXAMINER SIGNATURE 2-10-67 DEPUTY MEDICAL EXAMINER EXAMINER'S James H. Feaster, Jr., M. D. Address (Street, city, town, or county Pakland, Md. Heolth NAME (Type) 23c NAME OF CEMETERY OR CREMATORY 23d LOCATION (City or Town) 23b DATE THEREOF (County) (Stote) 50 Oak Grove Cemetery Garrett Co. Marvland 24 FUNERAL DIRECTOR 25g REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE VR A15ME (\$ Oakland, MarylandonEB

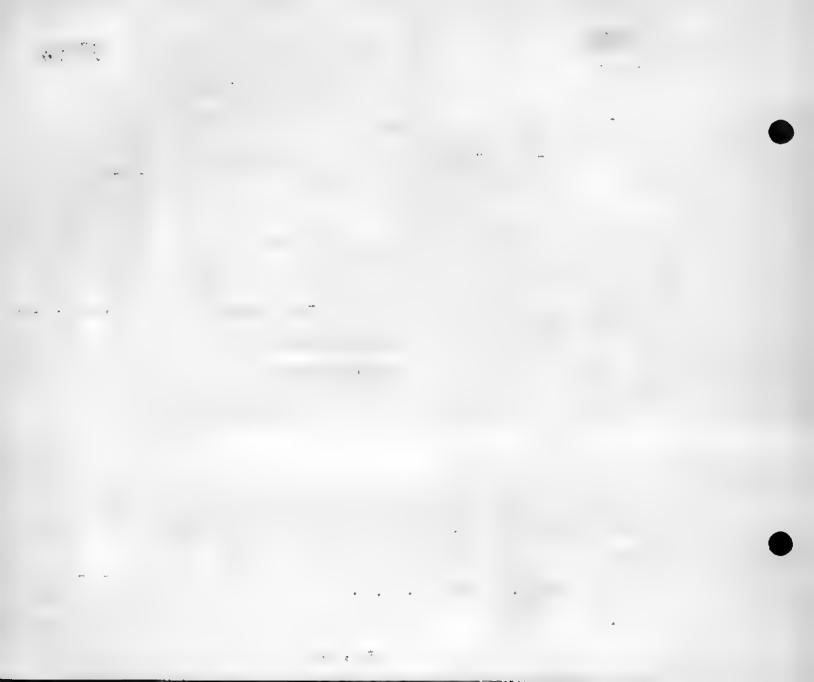
6M 1/66



MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 02235 CERTIFICATE OF DEATH The law requires that the death certificate be executed within 24 hours after death. poysicion and completely filled in by the funeral any please 1 and 2 and 2 and 2 and 1 and 10 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution; Residence before admission) o. COUNTY o. STATE b. COUNTY Garrett Maryland Garrett MARYIAND c CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) b. CITY OR TOWN (If autside corporate ilmits, r. LENGTH OF STAY IN 15 write RURAL ond give nearest tawn)
ural - Swanton Rural Lifetime Rural - Swanton d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS ON A FARM? (North Glade) (North Glade YES TO NO NAME OF Middle DATE First Last Month Day Year DECEASED OF February 25, 19 67 GROVER O'BRIEN CLEVELAND (Type or print) IF UNDER 1 YEAR IF UNDER 24 HRS S SEX 6 COLOR OR RACE 7. MARRIED B. DATE OF BIRTH 9. AGE (In years A NEVER MARRIED lost pirthday) Months Davs Hours Male White April WIDOWED DIVORCED 10a USUAL OCCUPATION (Give kind of work done 10b KIND OF BUSINESS OR 11. BIRTHPLACE (County & State, or foreign country) 12 CITIZEN OF WHAT during most of working life, even if retired) Gen. Farming COUNTRY? Garrett Co. . Md. 14. MOTHER'S MAIDEN NAME 13. FATHER'S NAME Daniel T. O'Brien Mary E. Pritts 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17 INFORMANT Address (Dau. (Yes, na, ar unknown) (If yes give war ar dates of service Mrs. Claude King. Deer Park. 1B. CAUSE OF DEATH (Enter only one cause per line jet Let. (b), and (c).) MTERVAL BETWEEN ONS AND DEATH signed by the buriof-trons t p PARY I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (a). be retained by the hospital or attending physician. DUE TO Conditions, if any, which gave rise to immediate cause (a), DUE TO stating the underlying cause O FUNERAL DIRECTOR: After this certificate hos been for use os the prior to las WAS AUTOPS PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) PERFORMED? of Heolth NO DE 20a ACCIDENT WAS UNDERLYING □ 205. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) OR CONTRIBUTING CAUSE OF DEATH detoched (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c TIME OF INJURY Month, Day, Year 20d INJURY OCCURRED 20e PLACE OF INJURY (Home, form, (City or town) (County) (Stote) Haur o.m. Not While factory, street, affice blda., etc.) ot work L at work e deceased fram , 19 , ta (I) (we) las 21. I certify that (1) (this haspital) attended the deceased fram. , 19___/, that (I) (we) last saw the deceased alive an_ 22a. SIGNATURE 22b DATE SIGNED ATTENDING 团 M.D. 22d. ADDRESS 22c PHYSICIAN S Mance. M.D. Oakland, Maryland NAME (Type) director, should be 23a. BURIAL, CREMATION, 23b DATE THEREOF 23c NAME OF CEMETERY OR CREMATORY 23d LOCATION (City or Town) (County) REMOVALISHECTY Rose Hill Near Swanton. Cem. 2Sa. REC'D BY REGISTRAR 24. FUNERAL DIRECTOR John O. Durst 14 DORESS O. Durat liarlas VR A15 (4) 20 M 1/66 Leighton-Durst Funeral Home, Oakland, Md. DATE MAR



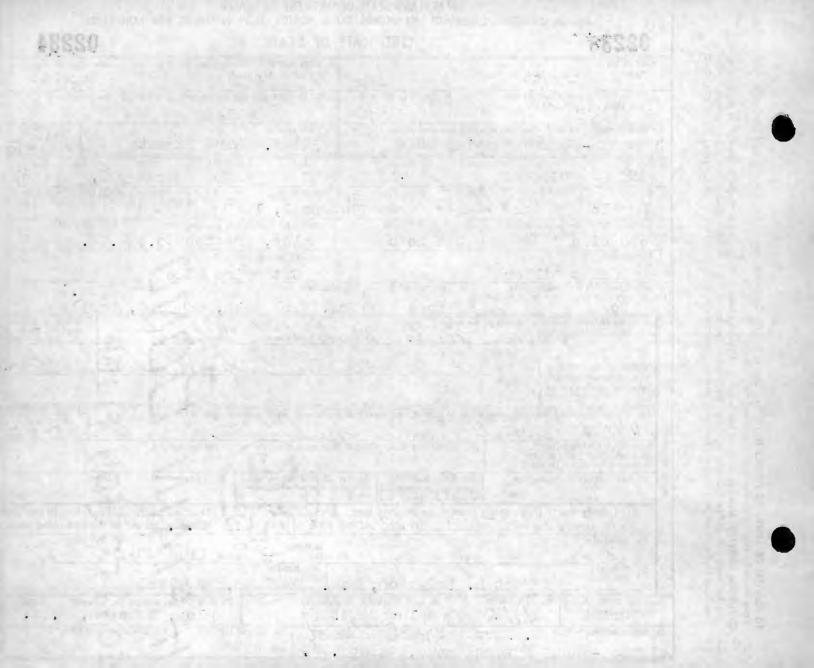
MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 02236 MEDICAL EXAMINER'S CERTIFICATE OF DEATH FOR STATE PLACE OF DEATH 2 USUAL RESIDENCE (Where deceased lived, if institution Residence before Edmission) and 3 to W3. Page o. COUNTY o. STATE b. COUNTY d. Garrett Maryland MARYLAND Garrett with the State Department b CITY OR TOWN (If outside corporate limits, C LENGTH OF STAY IN 16 c CITY OR TOWN (If outside corporate limits, write RURAL and give negrest town) write RURAL and give negrest town) Mt. Lake Park 7 months IS RESIDENCE ON A FARM? d, NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street oddress) d. STREET ADDRESS 00 form YES NO X in Item 18. Give Pages Home- Main Street Main Street Office along with NAME OF Midd e Manth 21-67 DECEASED Debra Sue Shaffer (Type or print) DEATH B DATE OF BIRTH 9 AGE (In years IF LINDER 1 YEAR F UNDER 24 HRS 6 COLOR OR RACE 7. MARRIED NEVER MARRIED lost birthdoy) July 20, 1966 Months WIDOWED DIVORCED 10a USUAL OCCUPAT ON (Give kind of work done 10b KIND OF BUSINESS OR 11 BIRTHPLACE (State or foreign country) 12 CITIZEN OF WHAT during most of working life, even if retired) INDUSTRY in pencil in 1 Examiner's (Garrett Co., Md. Infant 13 FATHER'S NAME 14 MOTHER'S MAIDEN NAME in any event within 72 hours Garrett Shaffer Mary K. Friend 17 INFORMANT 15 WAS DECEASED EVER IN U.S ARMED FORCES? 16. SOCIAL SECURITY NO Address e, writing the word "pending" i farwarded to the Chief Medical (Yes, no, or unknown) (If yes give wor or dotes of service) Garrett Shaffer Mt. Lake Park Mc INTERVAL BETWEEN CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c).)
 PART I DEATH WAS CAUSED BY ONSET AND DEATH Lobar Pneumonia, Bilateral Days IMMEDIATE CAUSE (o) DUE TO (Streptococcal) Conditions, if ony, which gove rise to immediate couse (a), DUE TO stating the underlying couse 19 WAS AUTOPS Y PERFORMED? PART I OTHER SIGN F CANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) CERTIFICATION YES 🕟 NO 20a EXTERNAL CAUSE WAS 20b DESCRIBE HOW INJURY OCCURRED (Enter nature of many in Port 1 or Port 1 of item 18) PRIMARY Or CONTRIBUTING CAUSE OF DEATH. (C ty or town) 20c TIME OF INJURY Month, Doy, Year 20d INJURY OCCURRED 20e PLACE OF INJURY (Home form (County) (State) Hour o.m. foctory, street, office bldg , etc.) at work at work 21 I certify that I took charge of the remains described above, held an Autapsy [x], Inspect on [x], Inquiry [x], and in my opinion death resulted fram: Natural causes 🕝 , Accident 🔲 ; "Suic de 🔲 , Hamicide 🔲 , Undetermined manner 🗌 CHIEF MEDICAL EXAMINER ACTUAL 22. DATE SIGNED ASSISTANT MEDICAL EXAMINER SIGNATURE funeral (2-21-67 DEPUTY MEDICAL EXAMINER **EXAMINER'S** James H. Feaster. Jr., M. D. Address (Street, city, town, or count Oakland, Maryland NAME (Iype) 230 BURIAL TREMATION 23c NAME OF CEMETERY OR CREMATORY 23d LOCATION (City or Town) (County) 50 Terra Alta Cemetery Terra Alta Preston, W. Va 25b REGISTRAR S SIGNATURE 24 FUNERAL DIRECTOR 250. REC'D BY REGISTRAR VR A15ME (5)\
6M 1/67 Terra Alta, W.Va.



MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 02237 MEDICAL EXAMINER'S CERTIFICATE OF DEATH FOR STATE HEALTH DEPT. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived if institution Residence before admission) a COUNTY Garrett a STATE F COHNTA death MARYLAND Garrella b CITY OR TOWN (If autside corporate limits. r LENGTH OF STAY IN 1b. c CITY OR TOWN (If outside corporate limits, write RURA, and give nearest town). write RURAL and give georest town)
OakLand hours Accident d. NAME OF HOSP TAL OR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS S RESIDENCE ON A FARM? Office alang with farm hours Garrett Co. Memorial Hospital YES NO . M ddle 3 NAME OF 4. DATE Month Year entwithin 72 DECEASED 15th. 19 67 Catherine Shoemaker February (Type or print) Florence DEATH S SEX AGE (n years 6 COLOR OR RACE 7 MARRIED NEVER MARRIED B. DATE OF BIRTH Jast b rthday) Months Doys Hours WIDOWED DIVORCED Sept.25,1 33 White Female 10a USUAL OCCUPATION (Give kind of work done 10b K ND OF BUSINESS OR 11 BIRTHPLACE (State or fareign country) 12 CITIZEN OF WHAT e during mast of working life, even if retired) **NDUSTRY** COUNTRY? Jove, Ed. any Home d "pending" in pencil in Chief Medical Examiner's ousewile pages in any pencil 14. MOTHER'S MAIDEN NAME 13. FATHER'S NAME This certificate shauld be executed within Thlovd J. Grove Harv E. Becketu and IS WAS DECEASED EVER NILS ARMED EORCES? 16 SOC A. SECURITY NO. 17. INFORMANT Address remaval, (Yes, no, or unknown) (If yes give wor or dates at service) 220-.0-1302 Ars. Jean Friend, Accident, Ad. 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c)) INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) Myocardial infarction, acute, extensive s a burial-tro cremation, o DHE TO farwarded to the Arteriosclerotic cardio-vascular disease Years Conditions, if only, which gove nse to immediate cause (a). DUE TO stoting the underlying cause last. 19 WAS AUTOPSY PERFORMED? PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(g) Diabetes Mellitus NO 7 20g EXTERNAL CAUSE WAS 206 DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Part or Port II of item 18.) prior PRIMARY Or CONTRIBUTING plnods CAUSE OF DEATH 20c T ME OF INJURY Manth, Doy, Year 20e PLACE OF INJURY (Hame, farm, 20f (City or town) (County) (State) 20d INJURY OCCURRED factory, street, affice bldg, etc.) of work Inspection 4 Inquiry * 21 I certify that I took charge of the remains described above, held an Autopsy and in my opinion deoth resulted from: Natural causes * Accident Undetermined manner Suicide | Hamicide CHIEF MEDICAL EXAMINER **ACTUAL** 22. DATE SIGNED ASSISTANT MEDICAL EXAMINER SIGNATURE DEPUTY MEDICAL EXAMINER X Address (Street, city, town, or county) Oakland, Md.2-15-67 James H. Feaster, Jr., M. D. Health 23c NAME OF CEMETERY OR CREMATORY BURIAL CREMATION 23b. DATE THEREOF 23d LOCATION (City of Town) (County) 0 REMOVAL (Specify) Accident warre 256 REGISTRAR'S SIGNATURE 24 FONERAL DIRECTOR 2So REC'D BY REGISTRAR liantes VR ATSME (%) Grantsville.



MARYLAND STATE DEPARTMENT OF HEALTH



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 02239 MEDICAL EXAMINER'S CERTIFICATE OF DEATH FOR STATE HEALTH DEPT. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution: Reside o. COUNTY o. STATE b. COUNTY P.M3. Poge Garrett Marvland Garrett State Deportment of MARYLAND b. CITY OR TOWN (If outside corporate limits, C. LENGTH DE STAY IN 16 c CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) puo write RURAL and give nearest town) 13 hrs. 10 min. Oakland d. NAME OF HDSPITAL OR INSTITUTION (If nat in hospital, give street address) d. STREET ADDRESS IS RESIDENCE ON A FARM? Garrett County Memorial Hospital Rt. Item 18. Give Poges YES TO NO This certificate should be executed within 24 hours after deoth. ward "pending" in pencil in Item 18. Give Pogithe Chief Medical Examiner's Office along with NAME OF Middle 4. DATE Year OF DEATH February DECEASED 19 67 Elmer Yoder 20th. (Type or print) J. 6. COLOR OR RACE NEVER MARRIED 8. DATE OF BIRTH 7. MARRIED Months Dovs Hours 2-21-1900 Male White WIDOWED DIVORCED 10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT during most of working life, even if retired) COUNTRY? INDUSTRY Ohio Farmer Farming USA 13. FATHER'S NAME 14 MOTHER'S MAIDEN NAME within 72 hours Jacob Yoder Katie Schlabach IS. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, no, or unknown) ((If yes give wor or dates of service) 16. SDCIAL SECURITY ND. 17. INFORMANT Address 225-07-6207-A Mrs. Sarah Yoder no see above 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)
PART I. DEATH WAS CAUSED BY: INTERVAL BETWEEN HONSEL AND DEATH ony event Coronary thrombosis IMMEDIATE CAUSE (o). the ward (b) Arteriosclerotic-cardio-vascular disease Years Conditions, if ony, which gove ? forwarded to t rise to immediate cause (a). stating the underlying couse nsed 19. WAS AUTDPSY PERFORMED? cremation, or removal, PART II, DTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(g) the certificote, NO.4 20o. EXTERNAL CAUSE WAS 20b. DESCRIBE HDW INJURY DCCURRED. (Enter nature of injury in Port I or Part II of item 1B.) 3 should PRIMARY I or CONTRIBUTING I TO DEPUTY MEDICAL EXAMINER: CAUSE OF DEATH. MEDICAL 20c. JIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, (City or town) (County) (Stote) Hour amfoctory, street, office bldg., etc.) FUNERAL DIRECTOR: Page of work 21. I certify that I took charge of the remains described above, held an Autopsy Inspection X Inquiry [X], ond in my opinion Notural couses K. Acadent . deoth resulted from: Suicide [Homicide Undetermined monner CHIEF MEDICAL EXAMINER 22. DATE SIGNED ASSISTANT MEDICAL EXAMINER Heofth prior 2-20-67 necessory, DEPUTY MEDICAL EXAMINER EXAMINER'S NAME (MoelJames H. Feaster, Jr., M. D. Address (Street, city, town, or county Oakland. Md. 230. BURIAL CREMATION. 23c NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (County) 2 Burial (Specify) Oakland, Maryland Garrett Co. Mem. Gardens 2Sb REGISTRAR'S SIGNATURE 250. REC'D BY REGISTRAR FUNERAL DIRECTOR VR A15ME (5) Oakland, Maryland DATE FEB 1967

02233 CONTRACT CONTRACT 500 Light of the control of nerval Point Large Large Large Large Large 1 THE RESERVE OF THE PARTY OF THE # (1/5) FOR (1/5) All sales of the real The Part of the Little Control of the Control of th a sensing a broken querous en entrateur (8) 2012 - LASTE THE STATE OF THE PROPERTY OF T